

Conclusion: The ADD service was successful in identifying and addressing medication-related problems for nursing home residents. Moreover, this service demonstrates the importance of community pharmacist involvement in medication management for older patients, facilitating an appropriate and personalized treatment.

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Preferred information sources and needs of outpatients in a Spanish urban tertiary hospital: a cross-sectional study

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Background: Providing patients with comprehensive and tailored information about their healthcare is essential for improving adherence, efficacy, safety, and overall, quality of care.

Purpose (research question): To assess outpatients' perceptions of the information received across different aspects of health-care.

Method/study design: A descriptive cross-sectional study was conducted from April to June 2024. A sample of 184 patients was recruited at the Outpatient Pharmacy Care Unit of a hospital that serves a population of over 260,000 inhabitants. The validated Hospital Outpatients' Information Needs Questionnaire (HOINQ) was administered, covering topics such as illness, medical examinations, treatment, additional support services, levels of information satisfaction and information source preferences. Sociodemographic and clinical variables were also collected to explore their influence in information needs.

Findings: The results indicated that while most patients perceived the information they received as adequate, notable areas for improvement were identified. Average scores, measured on a scale from 1 (none) to 4 (a lot), ranged from 2.6 to 3.5 across questionnaire items. However, lower scores were reported for psychological support services (1.9) and rehabilitation services, such as physiotherapy and occupational therapy (1.9).

Patients with HIV reported the highest information levels (3.4), followed by respiratory diseases (3.2) and multiple sclerosis (3.1). In contrast, patients with conditions requiring selective immunosuppressants (2.9), recombinant human erythropoietin (2.8) or antimigraine drugs (2.7) reported lower levels of information.

Additionally, significant differences in information perception were observed based on educational level, gender, year of diagnosis, and duration of attendance at the unit. Patients without formal education scored 2.4, compared to over 3.0 for university graduates. Men reported higher levels of information received (3.2) than women (2.9), and patients with longer durations of attendance at the Outpatient Pharmacy Care Unit or more time since diagnosis tended to report higher scores.

Conclusion: This study highlights the importance of tailoring communication strategies to meet individual patient needs, enhancing the outcomes of pharmaceutical care. The Outpatient Pharmacy Care Unit, as a setting, and the involvement of pharmacists proved to be particularly valuable for evaluating Patient-Centered Care practices. Lastly, the continued use of the HOINQ questionnaire in other hospital regions could provide consistent data to customize health information according to patients' demographic and clinical characteristics.

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Utilizing the Theoretical Domains Framework to investigate community pharmacists' views on drug-related problem management in routine pharmacy practice

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Background: The Theoretical Domains Framework (TDF) is a valuable tool for exploring healthcare professionals' perceptions of their roles and responsibilities, particularly in the context of patient care. Comprising 14 domains each containing a set of constructs the TDF provides a structured approach to analysing factors that shape behaviour [1]. Applied in a variety of healthcare settings, the TDF has identified key barriers and facilitators, such as role clarity, contextual challenges and beliefs about outcomes. Considering the evident absence of a unified approach for addressing drug-related issues (DRIs) across Europe, the TDF was employed to examine the perspectives of community pharmacists in Austria.

Purpose: This study aimed to use the Theoretical Domains Framework (TDF) to systematically explore the behavioural determinants influencing community pharmacists' management of drug-related problems (DRPs). By structuring the focus group topic guide around the 14 domains of the TDF and the coding around the 84 constructs, this study sought to identify specific factors influencing pharmacists' practice, thereby informing future collaborative efforts.

Method: Four focus group discussions were conducted with a purposive sample of 23 Austrian community pharmacists. In developing the topic guide, the TDF was used as a theoretical foundation to address relevant domains. Two researchers independently coded the verbatim transcripts deductively using the 84 constructs of the TDF. The identified constructs were summarised to generate themes.

Findings: Domains such as environmental context and resources, knowledge, social/professional role and identity, and beliefs about skills were most pressing to the participants. The lack of DRP documentation and limited inter-professional collaboration were identified as primary barriers to the management of DRPs. The TDF's structured approach helped to identify the factors influencing pharmacists' behaviour in the management of DRPs. The coding with the 84 constructs of the TDF proved to be a time-consuming process, necessitating extensive discussions within the research group and a heightened level of immersion in the TDF constructs to reach agreement.

Conclusion: The TDF served as a comprehensive tool to explore the complexity of community pharmacists' behaviours in relation to DRP management, providing insight into key behavioural determinants and practical challenges. By systematically categorising behavioural influences, the TDF highlighted key issues such as the lack of DRP documentation and the need for greater inter-professional collaboration.

1. Atkins L, Francis J, Islam R, O'Connor D, Patey A, Ivers N et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems.

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Interprofessional perspectives on opioid use in chronic non-cancer pain in primary care

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Background: Chronic non-cancer pain presents a significant challenge in primary care, particularly regarding opioid management. Clinical pharmacists play an important role in addressing the complexities of opioid use. However, understanding interprofessional dynamics and opportunities for collaboration among healthcare professionals is essential for optimizing patient outcomes and addressing systemic barriers.

Purpose: This study explored the perspectives of clinical pharmacists and other non-physician healthcare professionals on opioid use in chronic non-cancer pain